

INDIVIDUAL REGISTRATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

T-shirt Size (regular t-shirt sizes, youth sizes are available): _____

Team Name (if applicable): _____

Team Leader: _____

Leader Phone: _____ Leader E-mail: _____

Please ✓ all that apply:

- Register as an individual (**\$25 up to Apr 1, \$30 up to Sept 21, \$40 after Sept 21**) \$ _____
- Register as a Team \$ _____
- Donating on Behalf Of: _____ \$ _____
- Give an additional donation \$ _____
- I would *not* like to receive information from ICA via e-mail
- I would *not* like to receive information from ICA via mail

TOTAL GIFT: \$ _____

Registration & Donation Billing:

Mail Checks with Registration Form to: ICA 5K Run, P.O. Box 510167, St. Louis, MO 63151

Name on Card: _____

Card Type: _____



Card Number: _____ Security Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Comments or Questions: _____

Waiver: Accept

By checking accept, the participant(s) and/or the company they are participating within the 5K Run for Freedom hereby agrees to indemnify and hold St. Louis County Government and International Crisis Aid (ICA) and its officers, directors and employees harmless from any and all claims, damages, costs, attorney fees, etc., associated with or arising out of Participant's participation with or for St. Louis County Government, ICA or ICA events, brought against St. Louis County Government, ICA or any person or entity holding an interest hereunder as a result of any action taken pursuant to this Agreement.

FOR OFFICE USE:

Rcvd: _____

Date: _____